September 26th 2019

Secretary Marlene H. Dortch
Federal Communications Commission
Washington, DC 20554

Reply Comments
For the
Federal Communications Commission
Washington, D.C. 20554

In the Matter of:	)	
Promoting Telehealth for Low-Income Consumers	)	W. C. Docket No. 18-213
	)	
	)	

Dear Secretary Dortch and Members of the Commission:

Respectfully, The Center for the Advancement of mHealth (The Center) offers the following reply to comments for the NPRM. The Center appreciates the opportunity to comment and share observations.

The Center has observed a wide array of comments and suggestions relative to the Notice of Proposed Rule Makin (NPRM).

First and foremost, The Center believes the "spirit" of the proposed pilot is to improve access to healthcare in predominantly low income and rural areas. If this is the primary objective, we believe that it should be the foundation of the rule making. The impact of a successful project will result in lower costs, reduction in catastrophic illnesses, reduction in Emergency Department utilizers, remote access for high risk pregnancies and a significant reduction in pharmaceutical costs. The pilot proposes to deliver access for long term chronic conditions including but not limited to Heart Disease, COPD, Diabetes, High Risk Pregnancies, Medically Complex Infants and potentially Smoking Cessation, Substance Addiction and Recovery and other Disease States that can effectively be treated and monitored remotely.

The Center comments that the limitations of the pilot at $100 million over 3 years needs to be focused on diversified projects, however intended with a broad spectrum of "verifiable and measurable" small to midsize pilot projects. We comment that the Pilot should not maximize or minimize awards, however awards be based on proposed effectiveness and results of the project being considered. Additionally,

comments that due to the length of the proposed 3 year pilot program that a short runway for onboarding be no longer than 3 months to maximize the effectiveness of the funding.

The Center comments that the pilot should be dedicated to well-defined Geographic areas that have a concentration of Veterans in both low income and rural elements. Additionally, we suggest multiple areas / states to broaden the areas of interest for diversified results.

The Center comments that the award should not be provided all at once but should be distributed monthly or quarterly to assist in monitoring progress and measuring results with the ability to halt funding if acceptable benchmarks are not met.

The Center comments that Eligible Healthcare Providers and ETC's should be eligible to work together on a pilot project to maximize a broader base of participants with a limited but defined amount of funding available to educate and inform the residents / subscribers. The Center suggests that non ETC's and non HCP's should not be eligible for awards. The Center comments that data from pilot results be made public.

Disease State and Population Data Example

Number of US residents within a 200,000 population segment experiences the following conditions:

- Heart Disease – 7400 patients / 3.7%
- COPD - 9600 Patients / 4.8%
- Diabetes – 18,800 Patients / 9.4%
- Expectant mothers – 2400 Patients / 1.2%

Total potential low income / rural geographic participation base – 200,000 population
Total residents experiencing current chronic illnesses – 38,200 / 19.1%

https://www.diabetes.org/resources/statistics/statistics-about-diabetes
https://www.cdc.gov/heartdisease/facts.htm https://www.healthline.com/health/copd/facts-statistics-infographic#1

US Birth Data

- Number of births: 3,855,500
- Birth rate: 11.8 per 1,000 population
- Fertility rate: 60.3 births per 1,000 women aged 15-44
- Percent born low birthweight: 8.3%
- Percent born preterm: 9.9%
- Percent unmarried: 39.8%
- Mean age at first birth: 26.8

https://www.cdc.gov/nchs/fastats/births.htm

In summary, 1 in 5 of the participants identified will qualify to access improved healthcare through the Proposed Pilot Program. The Center suggests that entities requesting funding, identify the anticipated number of patients treated / monitored and provide data that articulate the actual ROI.

Furthermore, The Center suggests that short term illnesses not be excluded with the logic that preventing a long term / chronic illness early saves tax payer money and lives. Additionally, the acceptance of short term illnesses significantly and measurably reduces pharmaceutical costs.

In closing, The Center is pleased to have the opportunity to work with the FCC on this Pilot Program and is fully committed to proving its model in low income and rural areas of the US.

Respectfully,

Michael P. Iaquinta
The Center for the Advancement of mHealth